

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	20/08/2021 14:47 (SGT)
Date of Accident	19/08/2021 07:45 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA5033B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FONG WEI CHIAT JENSEN
NRIC No	S8129877G
Email Address	jmartaauto@gmail.com
Mobile Phone No	(Phone) +65-90066888
Alternative Phone No	+65-90066888

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1997

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2021-00002931
Cover Note Number	-

DRIVER

Name of Driver	FONG WEI CHIAT JENSEN
NRIC No	S8129877G

Date Of Birth	29/09/1981
Occupation	Indoor
Date Of Driving Pass	23/10/2017
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90066888
Alt. Phone Number	+65-90066888
Email Address	jmartauto@gmail.com
Address	BLK 423 TAMPINES ST 41
Address complement	#07-180
Postcode	520423
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FOONG SOOK FUN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

FRONT CAR SLOWED DOWN SO I FOLLOWED SUIT BUT VEH B FAILED TO BRAKE IN TIME AND HIT ONTO MY REAR PORTION OF MY VEH.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM7889X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	FONG WEI CHIAT JENSEN
Gender	Male
Phone No	(Phone) +65-90066888
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SNA5033B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



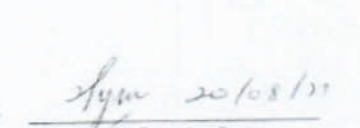
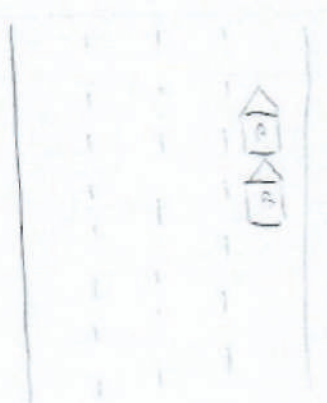
INJURED 2

Name of injured person	FOONG SOOK FUN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SNA5033B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date & Time	 Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
Sketch Plan  <div style="position: absolute; left: 580px; top: 740px;"> AYE </div> <div style="position: absolute; left: 680px; top: 710px;"> DOA 19/1/21 A SNA 5033 B B SUM 7899 X </div>		

Describe Circumstances of the Accident

Foot was stepped down as I followed suit but was
 I failed to brake in time but one of my wheels was
 pushed

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210819/2136

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20210819/2136

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2021 22:12	Vide Report No.:	Station Diary No.: 72
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Informant's Particulars

Name of Informant: FONG WEI CHIAT JENSEN		Address: APT BLK 423 TAMPINES STREET 41 #07-180 SINGAPORE 520423	
ID Type / ID No.: NRIC NO / S8129877G		Contact No.: Home/Office:	Mobile: 90066888
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 39	Date of Birth: 29/09/1981	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DIRECTOR		Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/08/2021 07:45	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLM7889X	Car				Slightly Damaged	0
SNA5033B	Car	BMW	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV	White	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE FORCE**



T/20210819/2136

Police Station Of Origin:
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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20210819/2136

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA5033B	FWD Singapore Pte. Ltd	PNPV2021-00002931	02/07/2021	01/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FONG WEI CHIAT JENSEN		ID No. S8129877G
Related Vehicle	SNA5033B (Car)		Contact No. 90066888
Hospital/Clinic	RUBY MEDICAL CENTRE PTE LTD		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	19/08/2021		Date Discharge 19/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 19/08/2021 at around 0745hrs, I was driving my car bearing registration plate number SNA5033 along AYE towards Tuas on the right most lane. There was moderate traffic and it was raining. The cars in front of me slowed down and as such, I did the same. However, the car behind me (SLM7889X) could not stop in time and collided onto the rear bumper of my car. Hence, there was a damage to the rear bumper of my car. There were also some damages to the driver's car. No traffic police and ambulance attended to the accident. I had an in-car camera which managed to capture the collision. The driver of the car is Alan (hp: 97579225).

I wish to state that I had my wife with me during the accident. She is Foong Sook Fun (NRIC: S8468400G, hp: 91547556). The other driver did not have any passengers with him. After the accident, both me and my wife felt pain on our backs. As such, we went to Ruby Medical Centre and were given 3 days of medical leave dated 19/08/2021 to 21/08/2021.



**SINGAPORE
POLICE FORCE**



T/20210819/2136

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20210819/2136

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 NUR IRDINA BINTE MOHAMED TAHIR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/08/2021 22:12

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Classification Of Case:

SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE